								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09/161,567					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
T	OTAL CLÁIMS		1//	1 1)	(Coldinii 2)			TYPE		OR	SMALL		
FOR			NUMBER ELER		AULUSCO EVEDA			RATE FEE BASIC FEE 355.00			-	RATE	FEE
TOTAL CHARGEABLE CLAIMS			NUMBER FILED		NUMBER EXTRA				+	55.00	OR	BASIC FEE	710.00
INDEPENDENT CLAIMS			// minus 20=		• 4			X\$ 9=			OR	X\$18=	
MULTIPLE DEPENDENT CLAIM P			T minus 3 =		Ø D			X40=			OR	X80=	
							+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	- [OR	TOTAL	710.00
CLAIMS AS AMENDED - PART II								CRAAL	. CNI	ri t v	OR	OTHER	
		(Column 1) CLAIMS	:	(Colum		(Column 3)	1 1	SMALL		ADDI-		SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	DUSLY	PRESENT EXTRA		RATE	TIC	ONAL EEE		RATE	ADDI- TIONAL FEE
	Total	- 18	Minus	2	W	= B		X\$ 9=			ØЯ	X\$18=	
	Independent	. 3	Minus	٠ ک		-Φ		X 40=	1		OR	X80=	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM		\	+135=	1		OR	+270=	
							Į	TOTA				TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT. FE	E L		OR	ADDIT. FEE	
AMENDMENT B		CLAIMS	and it laster		EST BER DUSLY	PRESENT EXTRA			ΔΓ	DDI-	1		ADDI-
		REMAINING AFTER AMENDMENT	# ** 					RATE	TIC	NAL EE		RATE	TIONAL FEE
	Total	.16	Minus	-2	0	=	lt	X\$ 9=			OR	X\$18=	ree_
	Independent	. 3	Minus		3			X40=	╁			Y00	
⋖	FIRST PRESE	NTATION OF MU	ILTIPLE DEPENDENT CLAI					A40=	╂		OR	X80=	
								+135=	L		OR	+270=	
Č	8/19/L								L L		OR	TOTAL ADDIT, FEE	
_	'//												
AMENDMENT C	3	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
Ž Q N	Total	./6	Minus	Š	9	=	X\$ 9=				OR	X\$18=	
ME	Independent	.3	Minus	Z	_	=	-	X40=	+-	\dashv			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A4U=	+		OR	X80=	
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE													
1	he "Highest Num	ber Previously Paid	For (Total or	Independe	nt) is the	highest number	r foun	ed in the a	ingonga	ate box	in coli	emn 1.	İ